## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/622650

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE (		OR	OTHER THAN SMALL ENTITY	
FO	R	NUMBE	RFILED	NUMBER EXTRA		RATE	FEE		RATE	FEE
ВА	SIC FEE			•				OR		14 U
TOTAL CLAIMS / / minus 20= *						X\$ 9=		OR	X\$18≃	
INDEPENDENT CLAIMS / minus 3 = *						X39=		OR	X78=	
MU	LTIPLE DEPENI	+130=		OR	+260=	260				
* If	the difference	TOTAL		OR	TOTAL	100				
	CI	OTHER T								
<u> </u>	The growing to the Co	(Column 1)	, <u></u>	(Column 2)	(Column 3)					
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
H	FIRST PRESE	NTATION OF MU	JUIPLE DEP	ENDENT CLAIM		+130=		OR-	+260=-	
						TOTAL		OR	TOTAL	
1						ADDIT. FEE		1 ~. ,	ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	= .	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78 <sub>=</sub>	
H	FIRST PRESE	+130=		OR	+260=					
	<b>f</b>	Y	TOTAL		OR	TOTAL				
				(0.1	(0.1	ADDIT. FEE	L	7 O	ADDIT. FEE	
	- CONTRACTOR OF THE SAME AND TH	(Column 1)	18.75 . No. 1	(Column 2) HIGHEST	(Column 3)					
ENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9= ·		OR	X\$18=	
ME	Independent		Minus	***	=	X39=		OR	X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<del>                                     </del>	1 ¯		<u>†                                      </u>
		and in less than t	the entry in eat-	uma 3 surita MAP in a	olumn 3	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

RCE

138/03

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/622/650

CLAIMS AS FILED - PA (Column 1)					RT I (Column 2)			SMALL ENTITY TYPE			OTHER THA	
TOTAL CLAIMS								RATE	FEE	J	RATE	FEE
FOR			NUMBER F	FILED NU		ER EXTRA	-	SIC FEE		OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			20 minus 20= *		*	h		X\$ 9=	-	OR	X\$18=	
IND	EPENDENT CL	AIMS	₩ minus 3 = *		*			X42=		OR	X84=	84
MULTIPLE DEPENDENT CLAIM PRESENT					· 🖫		+140=		OR	+280=	280	
* If the difference in column 1 is less than zero, enter "0" in					r "0" in c	column 2		OTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II							•			OTHER		
		(Column 1)		(Column 2)		(Column 3)			ENTITY	OR	SMALL	ENTITY
<b>AMENDMENT</b>		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY	PRESENT EXTRA	.	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	,	X\$ 9=		OR	X\$18=	
	Independent	* INTATION OF M	Minus	***	T CL AINA	=	;	X42=		OR	X84=	
	FINST PRESE	INTATION OF MIC	JLI IPLE DEF	ENDEN	CLATIVI		4	140=		OR-	- +280=	
							45	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	~
		(Column 1)		(Colu	(Column 2) (Column 3)			DIT. PEE			ADDII. FEE	·
AMENDMENT 19		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	>	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIM	=	;	X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	140=		OR	+280=	
BEST AVAILABLE COPY						ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)						
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	RATE	addi- Tional Fee		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	>	<b>(\$</b> 9=	0	OR	X\$18=	
	Independent	*	Minus	***		=	5	K42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM		-	140=		UR		
•	* If the entry is solven at it has the solve is solven 2 units *0* in solven 2									OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												